



2127
PATENT *Qfw*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David Wallman

Attorney Docket No.: SUN1P270/P4566

Application No.: 09/591,172

Examiner: SHAH, NILESH R.

Filed: June 9, 2000

Group: 2127

Title: METHOD AND APPARATUS FOR
IMPLEMENTING AN EXTENDED
VIRTUAL MACHINE

Confirmation No.: 3517

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on December 15, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: _____

Susan W. Xu
Susan W. Xu

AMENDMENT D

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 04, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which being on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



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Susan W. Xu

AMENDMENT D TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

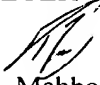
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	21	MINUS	23	00	x 25 =	x 50 = 00
Independent Claims	04	MINUS	04	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P270).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


R. Mahbougian
Reg. No. 44,890

P.O. Box 778
Berkeley, CA 94704-0778